

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 01 2016 To: M M / D D / Y Y Y Y Y Y
03 31 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		42513.77
(b) Cash on Hand at Beginning of Reporting Period.....	45264.30	
(c) Total Receipts (from Line 19)	108323.39	425741.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	153587.69	468255.28
7. Total Disbursements (from Line 31)	132933.21	447600.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20654.48	20654.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	253044.24	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2016

To:

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

34108.00

109881.00

(ii) Unitemized

73671.39

279918.07

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

107779.39

389799.07

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

107779.39

389799.07

12. Transfers From Affiliated/Other

Party Committees.....

0.00

35142.44

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

544.00

800.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

108323.39

425741.51

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

108323.39

425741.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	130933.21	418415.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	130933.21	418415.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	6934.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	20000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132933.21	447600.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132933.21	447600.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	107779.39	389799.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107779.39	389799.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	130933.21	418415.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	544.00	800.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	130389.21	417615.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 149

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR JAMES A ALBRIGHT 061 MD

Mailing Address 51 BROOKSIDE BLVD

City	State	Zip Code
WEST HARTFORD	CT	06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.16984

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RICHARD C ANDERSON 141

Mailing Address 81 HACKETT DR

City	State	Zip Code
TONAWANDA	NY	14150

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : SA11AI.17033

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR J ALLEN BAIRD 761

Mailing Address 1600 TEXAS ST APT 2305

City	State	Zip Code
FORT WORTH	TX	76102

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Transaction ID : SA11AI.17098

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSEPH BAUER 342

Mailing Address 965 YBOR E

City	State	Zip Code
VENICE	FL	34285

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : SA11Al.17156

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR STANTON BELL 782 SR

Mailing Address 35 HAVERHILL WAY

City	State	Zip Code
SAN ANTONIO	TX	78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

BELL HYDROGAS INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11Al.17176

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR RICHARD A BERNSTEIN 105

Mailing Address 18 ROCKLEDGE RD

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

P&E CAPITAL INC

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : SA11Al.17209

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

645.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RAYMOND G BLODGETT 997

Mailing Address 110 E 5TH AVE

City State Zip Code
 NORTH POLE AK 99705

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.17245

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REV MONT O BOWSER 156

Mailing Address 4574 RIDGEVIEW DR

City State Zip Code
 GREENSBURG PA 15601

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.17283

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR JOHN L BRANDT 557

Mailing Address 2129 12TH AVE E

City State Zip Code
 HIBBING MN 55746

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.17294

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City

NEW HOLLAND

State

PA

Zip Code

17557

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2016

Transaction ID : SA11Al.17357

Amount of Each Receipt this Period

315.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR HOWARD A BUESCHEL 086

Mailing Address 107 UPPER FERRY RD

City

TRENTON

State

NJ

Zip Code

08628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2016

Transaction ID : SA11Al.17370

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS JOAN K CHITIEA 920

Mailing Address 1980 SILVERLEAF CIR UNIT M207

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2016

Transaction ID : SA11Al.17487

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

690.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ARTHUR B CHOATE 331

Mailing Address 1390 S DIXIE HWY

City State Zip Code
 CORAL GABLES FL 33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

ART MARINA

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.17488

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOROTHY COLEMAN 194

Mailing Address 266 MORRIS ST

City State Zip Code
 PHOENIXVILLE PA 19460

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.17529

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBERT COOPER 837

Mailing Address 4556 N VILLA RIDGE WAY

City State Zip Code
 BOISE ID 83703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.17561

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1260.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MAXINE DALTON 851

Mailing Address 220 W SUNSET DR

City

SUPERIOR

State

AZ

Zip Code

85173

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : SA11Al.17660

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS MAXINE DALTON 851

Mailing Address 220 W SUNSET DR

City

SUPERIOR

State

AZ

Zip Code

85173

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11Al.17661

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS CAROLYN J DAMON 967

Mailing Address PO BOX 791719

City

PAIA

State

HI

Zip Code

96779

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : SA11Al.17662

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS DONNA DEVENISH 956

Mailing Address 4354 GALEWOOD WAY

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11Al.17715

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR HERBERT DIVELBLISS 155

Mailing Address 4242 PLEASANT VALLEY RD

City

CRYSTAL SPG

State

PA

Zip Code

15536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : SA11Al.17739

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR HERBERT DIVELBLISS 155

Mailing Address 4242 PLEASANT VALLEY RD

City

CRYSTAL SPG

State

PA

Zip Code

15536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11Al.17740

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ANNE DRAKE 296

Mailing Address 557 CRESWELL AVE E

City
GREENWOOD

State Zip Code
SC 29646

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.17784

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MS MARILYN FAULKER 765

Mailing Address 1141 WESTERN HILLS RD

City
ROCKDALE

State Zip Code
TX 76567

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.17890

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS BETTY GARDNER 648

Mailing Address 1572 GOODIN HOLLOW RD

City
NOEL

State Zip Code
MO 64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.18038

Amount of Each Receipt this Period

70.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN STANLEY GIBBS 748

Mailing Address 715 EASTERN HILLS RD

City	State	Zip Code
HOLDENVILLE	OK	74848

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Transaction ID : SA11AI.18076

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR THOMAS GOCHBERG 100

Mailing Address 791 PARK AVE

City	State	Zip Code
NEW YORK	NY	10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

TGM ASSOCIATION LP

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : SA11AI.18095

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR FRANK W GORMAN 799 JR

Mailing Address 1606 DEDE LN

City	State	Zip Code
EL PASO	TX	79902

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.18135

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD GRIFFIN 705

Mailing Address PO BOX 91610

City
LAFAYETTE

State Zip Code
LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11AI.18178

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR GEORGE HAM 640

Mailing Address 4304 S MILLS ST

City
INDEPENDENCE

State Zip Code
MO 64055

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.18253

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR EDWARD H HAMM 334

Mailing Address 243 S BEACH RD

City
HOBE SOUND

State Zip Code
FL 33455

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.18256

Amount of Each Receipt this Period

900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ADM THOMAS HAYWARD 981

Mailing Address 1223 SPRING ST APT 901

City
SEATTLE

State Zip Code
WA 98104

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 10 / 2016

Transaction ID : SA11AI.18321

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADM THOMAS HAYWARD 981

Mailing Address 1223 SPRING ST APT 901

City
SEATTLE

State Zip Code
WA 98104

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

03 / 23 / 2016

Transaction ID : SA11AI.18322

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS FRANCISCA HENDERSON 852

Mailing Address 122 N 82ND ST

City
MESA

State Zip Code
AZ 85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

03 / 15 / 2016

Transaction ID : SA11AI.18341

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS FRANCISCA HENDERSON 852

Mailing Address 122 N 82ND ST

City
MESA

State
AZ

Zip Code
85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.18342

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPT TATNALL HILLMAN 025

Mailing Address PO BOX 332

City

CHILMARK

State

MA

Zip Code

02535

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.18407

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR RICHARD L HOFFMAN 467

Mailing Address 1300 N 550 E

City

COLUMBIA CITY

State

IN

Zip Code

46725

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOFFMAN & ASSOCIATES

Occupation

RELOCATION MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.18425

Amount of Each Receipt this Period

102.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1602.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ANDREW J HORNER 752

Mailing Address 13 DOWNS LAKE CIR

City State Zip Code
 DALLAS TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PREMIER DESIGNS INC

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 14 2016

Transaction ID : SA11AI.18461

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR BRUCE C JACOBSON 483

Mailing Address 1019 WALLOON CT

City State Zip Code
 LAKE ORION MI 48360

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 01 2016

Transaction ID : SA11AI.18553

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR BRUCE C JACOBSON 483

Mailing Address 1019 WALLOON CT

City State Zip Code
 LAKE ORION MI 48360

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 28 2016

Transaction ID : SA11AI.18554

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 19 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BRUCE C JACOBSON 483

Mailing Address 1019 WALLOON CT

City

LAKE ORION

State

MI

Zip Code

48360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11Al.18555

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANN JOHNSON 341

Mailing Address 6642 TRIDENT WAY

City

NAPLES

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11Al.18587

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS WANDA JONES 985

Mailing Address 3700 14TH AVE SE UNIT 65

City

OLYMPIA

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11Al.18634

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS NANCY KENFIELD 945

Mailing Address 2656 PTARMIGAN DR APT 4

City State Zip Code
 WALNUT CREEK CA 94595

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.18681

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MS MARY G KOEHL 774

Mailing Address 1307 MANOR LAKE CT

City State Zip Code
 RICHMOND TX 77406

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.18754

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR THOMAS F KYLE 130 III

Mailing Address 215 SUMMERHAVEN DR S

City State Zip Code
 EAST SYRACUSE NY 13057

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.18809

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR VERNON LEWIS 853

Mailing Address 204 E SANTA CRUZ DR

City
GOODYEARState Zip Code
AZ 85338FEC ID number of contributing
federal political committee.

C

Name of Employer
LEWIS WELDING SUPPLY INCOccupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.18920

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR VERNON LEWIS 853

Mailing Address 204 E SANTA CRUZ DR

City
GOODYEARState Zip Code
AZ 85338FEC ID number of contributing
federal political committee.

C

Name of Employer
LEWIS WELDING SUPPLY INCOccupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.18921

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR WESLEY LINDSTROM 561

Mailing Address 2743 171ST ST

City
CURRIEState Zip Code
MN 56123FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11AI.18936

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT T MARTIN 330

Mailing Address 9 DIAMOND DRIVE

City

KEY WEST

State

FL

Zip Code

33040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : SA11Al.19056

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ROBERT T MARTIN 330

Mailing Address 9 DIAMOND DRIVE

City

KEY WEST

State

FL

Zip Code

33040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11Al.19057

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR RICHARD MARX 125

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11Al.19060

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ELLEN MCMILLAN 728

Mailing Address 320 S UTAH AVE

City

RUSSELLVILLE

State

AR

Zip Code

72801

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11Al.19169

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ALVIN E MCQUINN 341

Mailing Address 1551 GULF SHORE BLVD S

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT MGR & TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11Al.19180

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS JOAN G MILAM 333

Mailing Address 2673 CENTER COURT DR

City

WESTON

State

FL

Zip Code

33332

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11Al.19214

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS ELAINE MOCZYGEMBA 781

Mailing Address 452 K D M LN

City
HOBSON

State
TX

Zip Code
78117

FEC ID number of contributing
federal political committee.

C

Name of Employer

PANNA MARIA HISTORICAL SOCIETY

Occupation

HISTORIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11Al.19263

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR JAMES MORGAN 283

Mailing Address 813 OLEANDER CT

City
STEDMAN

State
NC

Zip Code
28391

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11Al.19288

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MS FRANCIS MORSE 956

Mailing Address 4181 FORT JIM RD

City
PLACERVILLE

State
CA

Zip Code
95667

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11Al.19303

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 149
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PETER W MOYER 894

Mailing Address 118 ABBEY PEAK LN

City	State	Zip Code
INCLINE VILLAGE	NV	89451

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.19310

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR CLAIR J MURPHY 551

Mailing Address 1626 RUTH ST N

City	State	Zip Code
SAINT PAUL	MN	55119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : SA11AI.19337

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR CLAIR J MURPHY 551

Mailing Address 1626 RUTH ST N

City	State	Zip Code
SAINT PAUL	MN	55119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.19338

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR FREDERICK MUZI 020

Mailing Address 10 POWISSET ST

City
DOVERState
MAZip Code
02030FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.19350

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RALPH NELSON 932

Mailing Address PO BOX 1287

City
LEBECState
CAZip Code
93243FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11AI.19385

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MS CONNIE C O'NEIL 681

Mailing Address 3214 N 159TH AVE

City
OMAHAState
NEZip Code
68116FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.19466

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS CONNIE C O'NEIL 681

Mailing Address 3214 N 159TH AVE

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

338.00

Date of Receipt

03 / 28 / 2016

Transaction ID : SA11AI.19467

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ALEC OBERSCHMIDT 921

Mailing Address 3202 UDALL ST

City

SAN DIEGO

State

CA

Zip Code

92106

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.19438

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILFRED OLAFSON 895

Mailing Address 7765 N SOUTHMOOR CIR

City

RENO

State

NV

Zip Code

89502

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

03 / 28 / 2016

Transaction ID : SA11AI.19447

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

203.00

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MARGUERITE C OLEYAR 925

Mailing Address 41780 BUTTERFIELD STAGE RD

City State Zip Code
TEMECULA CA 92592

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.19450

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR PAUL PEELER 784 CPA

Mailing Address 11649 LEOPARD ST STE 3

City State Zip Code
CRP CHRISTI TX 78410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.19561

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JORGE I PERALTA 897

Mailing Address 2421 OAK RIDGE DR

City State Zip Code
CARSON CITY NV 89703

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARSON MEADOW APTS

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.19578

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code
 RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.19646

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code
 RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

03 / 14 / 2016

Transaction ID : SA11AI.19647

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code
 RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

03 / 21 / 2016

Transaction ID : SA11AI.19648

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code
 RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.19649

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR DAVID POPP 677

Mailing Address 2025 SHERIDAN AVE APT 16

City State Zip Code
 HOXIE KS 67740

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.19658

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR JOHN T PRATT 349

Mailing Address 1479 SW SHORELINE DR

City State Zip Code
 PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.19689

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS JOAN B RAK 857

Mailing Address 972 E CAMINO DIESTRO

City State Zip Code
TUCSON AZ 85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.19721

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR H CARL RECKNAGEL 531

Mailing Address 375 STATE ROAD 67 APT 258

City State Zip Code
DOUSMAN WI 53118

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.19742

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL D RICE 430

Mailing Address 466 GLYN TAWEL DR

City State Zip Code
GRANVILLE OH 43023

FEC ID number of contributing
federal political committee.

C

Name of Employer

RICE LAW LLC

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : SA11AI.19783

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR MELVIN A RIES 954

Mailing Address 3585 ROUND BARN BLVD
APT 329

City State Zip Code
SANTA ROSA CA 95403

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.19806

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR FRANKLIN T RUSSELL 145

Mailing Address 5624 PARDY SMITH RD

City State Zip Code
NEWARK NY 14513

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.19896

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City State Zip Code
FORT MYERS FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.19920

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City State Zip Code
 FORT MYERS FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.19921

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR AL SHANE 917

Mailing Address 2175 FOOTHILL BLVD STE B

City State Zip Code
 LA VERNE CA 91750

FEC ID number of contributing
federal political committee.

C

Name of Employer

FINANCIAL LEARNING CENTER

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.20054

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PENDLETON SIEGEL 992

Mailing Address 2230 W RIVERSIDE AVE APT 101

City State Zip Code
 SPOKANE WA 99201

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11AI.20100

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR LEONARD SIGURDSEN 550

Mailing Address 4169 W BIRCHVIEW RD

City
GRASSTON

State Zip Code
MN 55030

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.20104

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City
SANTA CRUZ

State Zip Code
CA 95065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.20117

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City
SANTA CRUZ

State Zip Code
CA 95065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

03 / 28 / 2016

Transaction ID : SA11AI.20118

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City State Zip Code
SAINT PETERSBURG FL 33701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.20173

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RICHARD STAR 530

Mailing Address 19045 THOMSON DR UNIT 1204

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENGMAN-TAYLOR COMPANY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.20217

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR VERLE D STARKEY 670

Mailing Address 220 NW 150TH AVE

City State Zip Code
HAVILAND KS 67059

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.20221

Amount of Each Receipt this Period

195.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1445.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR EDWARD STILES 405

Mailing Address 3168 ROXBURG DR

City

LEXINGTON

State

KY

Zip Code

40503

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.20254

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MS MARTHA SUMMERS 801

Mailing Address 3177 S GRANT ST

City

ENGLEWOOD

State

CO

Zip Code

80113

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11AI.20289

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : SA11AI.20376

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 04 2016

Transaction ID : SA11AI.20377

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 28 2016

Transaction ID : SA11AI.20378

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 28 2016

Transaction ID : SA11AI.20379

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.20380

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ROBERT S TROTH 341

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code
 NAPLES FL 34103

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11AI.20422

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR ROBERT S TROTH 341

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code
 NAPLES FL 34103

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.20423

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

590.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City State Zip Code
LEETON MO 64761

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.20531

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City State Zip Code
LEETON MO 64761

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.20532

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City State Zip Code
LEETON MO 64761

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.20533

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR KENNETH C WALDO 276 JR

Mailing Address 1000 DEERFIELD RD

City

RALEIGH

State

NC

Zip Code

27609

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.20536

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR J D WALKER 761

Mailing Address 6917 BAL LAKE DR

City

FORT WORTH

State

TX

Zip Code

76116

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.20541

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR WILLIAM WOLFF 921

Mailing Address 16023 AVENIDA LAMEGO

City

SAN DIEGO

State

CA

Zip Code

92128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.20721

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DONALD WOODHOUSE 490

Mailing Address PO BOX 635

City

DOWAGIAC

State

MI

Zip Code

49047

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 10 / 2016

Transaction ID : SA11AI.20732

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS MARILYN M WOODHOUSE 770

Mailing Address 650 RAMBLEWOOD RD

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.20735

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS AUDREY ZIMMER 564

Mailing Address 509 7TH ST NE

City

STAPLES

State

MN

Zip Code

56479

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

03 / 28 / 2016

Transaction ID : SA11AI.20768

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

34108.00

SCHEDULE A (FEC Form 3X)
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for each category of the
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 206City State Zip Code
STERLING VA 20166FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	0		2	0	1	6		

Transaction ID : SA15.20812

Amount of Each Receipt this Period

544.00

☐ Memo Item

REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

544.00

544.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CAPITOL CAGING CORP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	4						2	0	1	6

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20779

Amount of Each Disbursement this Period

123.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				0	7						2	0	1	6

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20802

Amount of Each Disbursement this Period

18403.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				0	7						2	0	1	6

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20803

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21526.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	4						2	0	1	6

Transaction ID : SB21B.20807

Amount of Each Disbursement this Period

5232.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	4						2	0	1	6

Transaction ID : SB21B.20808

Amount of Each Disbursement this Period

7300.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	4						2	0	1	6

Transaction ID : SB21B.20809

Amount of Each Disbursement this Period

9763.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22296.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DIRECT SUPPORT SERVICES INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	6		

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20814

Amount of Each Disbursement this Period

5376.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	6		

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20815

Amount of Each Disbursement this Period

9776.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	6		

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20816

Amount of Each Disbursement this Period

3677.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	8	8	3	1	2								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DIRECT SUPPORT SERVICES INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20817

Amount of Each Disbursement this Period

1558.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20818

Amount of Each Disbursement this Period

3248.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20819

Amount of Each Disbursement this Period

10267.14

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15073.67

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DONOR BUREAU

003

225.24

 Memo Item

VIGOP

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. DONOR BUREAU

003

252.12

Memo Item

VIGOP

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. DSSI

001

828.89

 Memo Item

VIGOP

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Percentage of people who have ever been in a romantic relationship

1306.25

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20790

Amount of Each Disbursement this Period

41.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20791

Amount of Each Disbursement this Period

148.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20792

Amount of Each Disbursement this Period

114.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

304.20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.20793

00:

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

9.92

 Memo Item

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.20794

00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

79.00

Memo Item

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M / D D / Y Y Y Y

03 07 2016

Transaction ID : SB21B.20795

00-

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

37.25

 Memo Item

126.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
CCCP MONTHLY FEE

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2016
Transaction ID : SB21B.20796

Amount of Each Disbursement this Period

74.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
CCCP MONTHLY FEE

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2016
Transaction ID : SB21B.20797

Amount of Each Disbursement this Period

61.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2016
Transaction ID : SB21B.20798

Amount of Each Disbursement this Period

829.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

965.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2016
Transaction ID : SB21B.20799

Amount of Each Disbursement this Period

108.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2016
Transaction ID : SB21B.20800

Amount of Each Disbursement this Period

362.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2016
Transaction ID : SB21B.20801

Amount of Each Disbursement this Period

240.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

711.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FORTH RIGHT STRATEGY INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	6		

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - CREATIVE

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20825

Amount of Each Disbursement this Period

1087.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FORTH RIGHT STRATEGY INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	4		2	0	1	6		

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - CREATIVE

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20826

Amount of Each Disbursement this Period

5504.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FORTH RIGHT STRATEGY INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	4		2	0	1	6		

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - CREATIVE

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20827

Amount of Each Disbursement this Period

698.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7	2	9	0	.	8	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 149

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FORTH RIGHT STRATEGY INCMailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - CREATIVE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016
Transaction ID : SB21B.20828

Amount of Each Disbursement this Period

4674.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016
Transaction ID : SB21B.20829

Amount of Each Disbursement this Period

3238.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016
Transaction ID : SB21B.20830

Amount of Each Disbursement this Period

1888.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9801.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 149

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. LEGACY LIST MANAGEMENT INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2016

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LIST RENTALS

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20831

Amount of Each Disbursement this Period

3378.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEGACY LIST MANAGEMENT INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2016

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LIST RENTALS

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20834

Amount of Each Disbursement this Period

2409.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEGACY LIST MANAGEMENT INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2016

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LIST RENTALS

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20832

Amount of Each Disbursement this Period

201.36

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5989.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City MARTINSBURG	State WV	Zip Code 25402
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Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Transaction ID : SB23.20839

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK MOONEY FOR CONGRESS

Mailing Address PO BOX 730774

City ORMOND BEACH	State FL	Zip Code 32173
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Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

PATRICK MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Transaction ID : SB23.20840

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 OF 149

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITOL CAGING CORPNature of Debt (Purpose):
CAGING SERVICESMailing Address 504 SHAW RD
SUITE 206City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

2490.47

Transaction ID : SD10.4170

Amount Incurred This Period

0.00

Payment This Period

1787.67

Outstanding Balance at Close of This Period

702.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD
SUITE 206City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

142352.44

Transaction ID : SD10.4171

Amount Incurred This Period

0.00

Payment This Period

57901.60

Outstanding Balance at Close of This Period

84450.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DONOR BUREAUNature of Debt (Purpose):
LIST ENHANCEMENTS

Mailing Address 1900 N CULPEPPER ST

City State Zip Code
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

2935.23

Transaction ID : SD10.4174

Amount Incurred This Period

0.00

Payment This Period

477.36

Outstanding Balance at Close of This Period

2457.87

1) **SUBTOTALS** This Period This Page (optional)..... ►

87611.51

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 63 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DSSINature of Debt (Purpose):
DATA PROCESSINGMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

16396.53

Transaction ID : SD10.4168

Amount Incurred This Period

0.00

Payment This Period

2478.92

Outstanding Balance at Close of This Period

13917.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FORTH RIGHT STRATEGY INCNature of Debt (Purpose):
DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

141895.01

Transaction ID : SD10.4166

Amount Incurred This Period

0.00

Payment This Period

11965.34

Outstanding Balance at Close of This Period

129929.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INTEGRAMNature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8421 HILLTOP RD

City State Zip Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

13311.13

Transaction ID : SD10.4175

Amount Incurred This Period

0.00

Payment This Period

5127.29

Outstanding Balance at Close of This Period

8183.84

1) **SUBTOTALS** This Period This Page (optional)..... ►

152031.12

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 64 OF 149

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LIST MANAGEMENT INCNature of Debt (Purpose):
LIST RENTALSMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

11993.80

Transaction ID : SD10.4169

Amount Incurred This Period

0.00

Payment This Period

6611.86

Outstanding Balance at Close of This Period

5381.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACKENZIE & COMPANYNature of Debt (Purpose):
CONSULTING - COMPLIANCEMailing Address 2776 S ARLINGTON MILL DR
NUM 806City State Zip Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

10488.20

Transaction ID : SD10.4172

Amount Incurred This Period

0.00

Payment This Period

2587.00

Outstanding Balance at Close of This Period

7901.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RHA MARKETINGNature of Debt (Purpose):
VIGOP DIRECT MAIL - PRINTING &
MAILSHOP

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code
FOREST VA 24551

Outstanding Balance Beginning This Period

4247.46

Transaction ID : SD10.9141

Amount Incurred This Period

0.00

Payment This Period

4247.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

13283.14

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 65 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIMPKINS ESCROW LLCNature of Debt (Purpose):
ESCROW SERVICESMailing Address **ST JUST RD**

City State

Zip Code

UNIONVILLE**VA****22567**

Outstanding Balance Beginning This Period

1500.90**Transaction ID : SD10.4173**

Amount Incurred This Period

0.00

Payment This Period

1382.43

Outstanding Balance at Close of This Period

118.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►**118.47**2) **TOTALS** This Period (last page this line number only)..... ►**253044.24**3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►**0.00**4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►**253044.24**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 179.47	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9251	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 26.09	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9252	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">237.18</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9253 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2016 </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON	
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">108.76</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9254 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2016 </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON	
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	Zip Code 20005	Amount 1387.70
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶		
<hr/>				
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	Zip Code 20005	Amount 189.78
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶		
<hr/>				
(a) SUBTOTAL of Itemized Independent Expenditures.....			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
<hr/>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed] Date 04 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">135.61</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9257	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34.30</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9258	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

04

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2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 735.50	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9259	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 357.68	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9260	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.26</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">56.49</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 72 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 477.11	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 240.20	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 104.85	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9266	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		City WASHINGTON		State DC	
Zip Code 20005					
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		Amount 163.50	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		City WASHINGTON		State DC	
Zip Code 20005					
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		Amount 168.78	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

 MM / DD / YYYY
04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Full Name of Payee FORTH RIGHT STRATEGY INC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">51.71</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.9269 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee FORTH RIGHT STRATEGY INC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">218.83</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.9270 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	

SCOTT B MACKENZIE

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 76 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 253.05 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.9271 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 370.13 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.9272 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 77 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ C C00553560		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee FORTH RIGHT STRATEGY INC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination 03 / 09 / 2016		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 198.60		
City WASHINGTON		State DC	Zip Code 20005		Transaction ID : SE.9273 Date of Disbursement or Obligation 03 / 09 / 2016
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FORTH RIGHT STRATEGY INC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination 03 / 09 / 2016		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 108.80		
City WASHINGTON		State DC	Zip Code 20005		Transaction ID : SE.9274 Date of Disbursement or Obligation 03 / 09 / 2016
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date 04 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 78 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 224.54	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9275	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 37.88	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9276	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 67.51		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9277	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 100.56		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9278	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 80 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

FEC IDENTIFICATION NUMBER ▼

C C00553560

Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

FORTH RIGHT STRATEGY INC

☒ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016

Mailing Address

1155 - 15TH STREET NW
SUITE 410

Amount

City

WASHINGTON

State

DC

Zip Code

20005

Amount 50.69

Transaction ID : SE.9279

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016Purpose of Expenditure
VOTER CONTACT MAILCategory/
Type

004

Name of Federal Candidate

HILLARY RODHAM CLINTON

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: NH

Calendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▶

Full Name of Payee

FORTH RIGHT STRATEGY INC

☒ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016

Mailing Address

1155 - 15TH STREET NW
SUITE 410

Amount

City

WASHINGTON

State

DC

Zip Code

20005

Amount 330.97

Transaction ID : SE.9280

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016Purpose of Expenditure
VOTER CONTACT MAILCategory/
Type

004

Name of Federal Candidate

HILLARY RODHAM CLINTON

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: NJ

Calendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

0.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 82 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 359.80	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9283	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 26.01	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9284	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 432.22	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 139.42	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 09 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 146.88	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 09 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 487.39	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016 [Electronically Filed]	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div> <div></div> <div>175.72</div> </div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9290 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div> <div></div> <div>004</div> </div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	Zip Code 20005	Amount 30.32
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		Transaction ID : SE.9291 Date of Disbursement or Obligation 03 / 09 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination 03 / 09 / 2016	
City WASHINGTON		State DC	Zip Code 20005	Amount 239.81
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		Transaction ID : SE.9292 Date of Disbursement or Obligation 03 / 09 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date 04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 87 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																								
D	D	D																								
Y	Y	Y	Y	Y	Y																					

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 913.77	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9293	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 94.58	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9294	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 24.43	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.9295 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 304.84	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.9296 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 04 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 89 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">256.26</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : SE.9297 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">71.81</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : SE.9298 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
 04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 09 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">214.14</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 09 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.15</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 09 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.03</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.9301	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 09 / 2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 18 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">128.35</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16588	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 18 / 2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 92 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.66</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : SE.16589 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">169.62</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : SE.16590 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 93 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 77.78	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16591	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 992.41	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16592	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 94 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 18 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 135.72	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 18 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 96.98	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 525.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16596 Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">255.80</div>		
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16597 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div>			
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: GA		Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div>			
City State Zip Code WASHINGTON DC 20005		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.37</div>			
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : SE.16598 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div>	
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: HI			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ </div> <div style="border: 1px solid black; padding: 5px; width: 200px; text-align: right;"> 0.00 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 20 / 2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>03</td><td>18</td><td>2016</td></tr> </table>		03	18	2016
03	18	2016					
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td>40.40</td></tr> </table>		40.40		
40.40							
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16599				
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>03</td><td>18</td><td>2016</td></tr> </table>		03	18	2016
03	18	2016					
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td>0.00</td></tr> </table>	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
0.00							

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>03</td><td>18</td><td>2016</td></tr> </table>		03	18	2016
03	18	2016					
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td>341.20</td></tr> </table>		341.20		
341.20							
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16600				
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>03</td><td>18</td><td>2016</td></tr> </table>		03	18	2016
03	18	2016					
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td>0.00</td></tr> </table>	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
0.00							

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td>0.00</td></tr> </table>	0.00
0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

04	20	2016
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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 98 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 171.78	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16601	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 81.64	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16602	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		20000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 99 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px;"> 74.98 </div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16603	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px;"> 116.92 </div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16604	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 100 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>03 / 18 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">120.70</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>03 / 18 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36.98</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Signature

Date

MM / DD / YYYY

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 101 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">156.50</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16607	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">180.97</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16608	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

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Signature

Date

 MM / DD / YYYY

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2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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03																												
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18																												
Y	Y	Y	Y	Y	Y																							
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>264.70</td></tr> </table>													264.70												
					264.70																							
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16609																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
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Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>142.03</td></tr> </table>													142.03												
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City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16610																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00
					0.00								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

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Y	Y	Y	Y	Y	Y

 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 77.81	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16611	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 160.58	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16612	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

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Signature

Date

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 104 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 27.09	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16613	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 48.28	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16614	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

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Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">71.92</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16615	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36.25</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16616	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

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2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 236.69		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16617	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 54.57		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16618	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

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Date

MM / DD / YYYY
 04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 530.04	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16619	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 257.31	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16620	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Date

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04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.60</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16621	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">309.10</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16622	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Date

 MM / DD / YYYY

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2016

Signature

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 105.04	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16624 Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Signature

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 348.55	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16625	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 29.04	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16626	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 125.66	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16627	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 21.68	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16628	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Date

MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 112 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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Y	Y	Y	Y	Y	Y																					

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16629																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>													0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶														
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Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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Y	Y	Y	Y	Y	Y																							
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>653.48</td></tr> </table>														653.48												
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City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16630																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		18			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>													0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶														
					0.00																							

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00
					0.00								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

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20		

Y	Y	Y	Y	Y	Y

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 113 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 67.64	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16631	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 17.47	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16632	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 114 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount 218.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16633		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount 183.27	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16634		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 115 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">51.35</div>
City WASHINGTON	State DC	
Zip Code 20005		Transaction ID : SE.16635 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">153.14</div>
City WASHINGTON	State DC	
Zip Code 20005		Transaction ID : SE.16636 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 15.13
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16637
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 17.90
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16638
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature

Date

MM / DD / YYYY
04 / 20 / 2016

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount 2133.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16704		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016		
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="text-align: right; padding-top: 5px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16705	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>				

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16706	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>				

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 119 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16707	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16708	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div>	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 2133.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16709	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation 03 / 23 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 2133.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16710	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation 03 / 23 / 2016	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

04 / 20 / 2016

Signature

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount 2133.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16712		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 122 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 23 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16713 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 23 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose RONALD HAROLD JOHNSON			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: WI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 24 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4158.72</div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16726 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 24 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose WILLIAM HURD			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 23 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 20 / 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 123 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 4158.72	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16727 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate MIA LOVE			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee FORTH RIGHT STRATEGY INC			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 4158.72	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16730 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate TIMOTHY E SCOTT			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 20 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 124 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>		

Amount 199.71

Transaction ID : SE.16736

Date of Disbursement or Obligation

 MM / DD / YYYY
 03 / 30 / 2016

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>		

Amount 29.03

Transaction ID : SE.16737

Date of Disbursement or Obligation

 MM / DD / YYYY
 03 / 30 / 2016

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Date

 MM / DD / YYYY
 04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 263.92	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 121.03	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 126 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16740 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16741 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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Signature <u>SCOTT B MACKENZIE</u>			Date MM / DD / YYYYYY	
[Electronically Filed]			Date 04 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 127 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 150.90	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16742	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 38.17	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16743	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 128 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																											
D	D																											
Y	Y	Y	Y	Y	Y																							
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 818.42																									
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16744																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																											
D	D																											
Y	Y	Y	Y	Y	Y																							
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL																									
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																											
D	D																											
Y	Y	Y	Y	Y	Y																							
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 398.01																									
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16745																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																											
D	D																											
Y	Y	Y	Y	Y	Y																							
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA																									
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M	M	

 /

D	D	

 /

Y	Y	Y	Y	Y	Y

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 62.86	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16747 Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 130 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 30 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 530.90	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 30 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount 267.28	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYYYY 04 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 131 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">127.03</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16750 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">116.67</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16751 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 132 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 03 / 30 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M M M 181.93 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16752 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 03 / 30 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought M M M M M M 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 03 / 30 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M M M 187.81 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16753 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 03 / 30 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought M M M M M M 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M M M 0.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M M M </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M M M </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date M M / D D / Y Y Y Y Y Y 04 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 133 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 57.54 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16754 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 243.50 </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : SE.16755 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date 04 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 281.58	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : SE.16756 Date of Disbursement or Obligation 03 / 30 / 2016	
Category/Type 004			
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>MA</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 411.86	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : SE.16757 Date of Disbursement or Obligation 03 / 30 / 2016	
Category/Type 004			
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 135 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 220.99	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 121.07	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 249.85		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16760	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 42.15		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16761	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 137 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 75.12	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16762	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 111.90	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16763	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 138 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 56.41	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16764	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 368.29	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16765	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 139 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 84.91	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16766	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 824.73	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16767	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

04 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 140 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 400.37	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16768	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 28.95	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16769	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 141 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 480.95 </div>	
City WASHINGTON State DC Zip Code 20005		Transaction ID : SE.16770 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>			
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON				Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 155.14 </div>	
City WASHINGTON State DC Zip Code 20005		Transaction ID : SE.16771 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>			
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON				Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>				Date M M / D D / Y Y Y Y Y Y 04 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 142 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 163.44	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination 03 / 30 / 2016	
City State Zip Code WASHINGTON DC 20005		Amount 542.34	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 04 / 20 / 2016 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 143 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.19</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">195.53</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 30 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 33.74 </div>	
City WASHINGTON State DC Zip Code 20005		Transaction ID : SE.16776 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 30 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate <input type="checkbox"/> Support HILLARY RODHAM CLINTON <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 30 / 2016 </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 266.84 </div>	
City WASHINGTON State DC Zip Code 20005		Transaction ID : SE.16777 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 30 / 2016 </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate <input type="checkbox"/> Support HILLARY RODHAM CLINTON <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 20 / 2016	

[Electronically Filed]

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div> <div>Amount</div> <div>1016.79</div> </div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16778 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TX	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 30 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div> <div></div> <div>105.24</div> </div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16779 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 30 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: UT	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 100px;">0.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 100px;"></div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 100px;"></div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 146 OF 149
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 27.19	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16780	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 339.20	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16781	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 147 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 285.16	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16782	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 79.90	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16783	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 148 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 238.28		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16784	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 23.54		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16785	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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[Electronically Filed]

Signature

Date

MM / DD / YYYY
04 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 149 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee FORTH RIGHT STRATEGY INC		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																											
D	D																											
Y	Y	Y	Y	Y	Y																							
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> <tr><td colspan="6">27.85</td></tr> </table>								27.85																	
27.85																												
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16786																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																											
D	D																											
Y	Y	Y	Y	Y	Y																							
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> <tr><td colspan="6">0.00</td></tr> </table>							0.00						Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
0.00																												

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> </table>							Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶																			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> <tr><td colspan="6">0.00</td></tr> </table>							0.00					
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(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="6"></td></tr> <tr><td colspan="6">0.00</td></tr> </table>							0.00					
0.00													

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

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Y	Y	Y	Y	Y	Y
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Signature